

required)

with Initial Filing

the second

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

0343-0035 Attorney Docket Number **DECLARATION FOR UTILITY OR** Ramiro Arrez First Named Inventor **DESIGN** COMPLETE IF KNOWN **PATENT APPLICATION** (37 CFR 1.63) **Application Number** 10 **/**691,989 October 23, 2003 Filing Date ☐ Declaration ☑ Declaration Submitted Submitted after Initial 3652 OR Group Art Unit Filing (surcharge (37 CFR 1.16 (e))

Examiner Name

As a below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
RECEPTACLE LIFTER WITH RETRACTABLE GRIPPER ARMS									
(Title of the Invention)									
the specification of which is attached hereto									
OR		as United S	States Application I	Number or PCT International					
was filed on (MM/DD/YYYY)	10/23/2003			(if applicable).					
Application Number 10/691,98	9 and was a	amended on (MM/DD/Y	m	(ii applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
		·	0000						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Da	te (MM/DD/YYYY)	numbers supplem	al provisional application are listed on a ental priority data sheet /02B attached hereto.					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

<u> </u>									
	Customer Nu or Bar Code		00002656	8	OR	Correspondence address below			
Name Stephen B. Heller									
Address COOK, ALEX, MCFARR	Address COOK, ALEX, MCFARRON , MANZO, CUMMINGS & MEHLER, LTD.								
Address 200 West Adams St Suite 2850									
City Chicago State IL ZIP 60606									
Country USA		Telephon	_{ie} (312)23	36-8500		Fax (312)236-8671			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsigned inventor			
Given Name (first and middle [if any]) Ramiro Family Name or Surname Arrez									
Inventor's Lamino and Date 3/19/04									
Residence: City Orland Park	8	State IL	.],	Country USA	Citizenship USA				
Malling Address 10948 W. 168th Street									
Malling Address									
City Orland Park	State IL			ZIP 6	0467	Country USA			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) James R. Family Name or Surname Rimsa									
Inventor's Signature Date 3/19/04									
Residence: City Countryside			State II		Country USA	Citizenship USA			
Malling Address 9908 W. 58th St., Apt. C-1									
Malling Address									
City Countryside	State IL			ZIP 60	525	Country USA			
Additional inventors are being named		suppleme	ental Additio			D/SB/02A attached hereto.			

Please	type	aı	olus	sian	(+)	inside	this	box		T

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of 1_

Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]	1)			Family Nam	e or S	umame				
Carlos			Arrez							
Inventor's Cash Aug	<u></u>					Date 3/19/04				
Residence: City Berwin	e IL	Country USA			Citizenship USA					
Mailing Address 1547 S. Kenilworth Ave.										
Mailing Address										
City Berwin	City Berwin State IL					y USA				
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Sumame							
Inventor's Signature			Date							
Residence: City	State Country				Citizenship					
Mailing Address										
Mailing Address										
		7IP Country			-4					
City State ZIP Country										
Name of Additional Joint Inventor, if a	ny:		A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname							
Inventor's Signature						Date				
Residence: City	State	tate Co		Country		Citizenship				
Mailing Address										
Mailing Address										
City State				71P	Co	nuntry				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.